a Employe	ee's social security number	OMB No. 1545	5-0008	Safe, accurate, FAST! Use	Visit the IF www.irs.g	RS website at gov/efile
b Employer identification number (EIN)			1 Wa	Wages, tips, other compensation 2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 So	cial security tips	8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff.			nqualified plans	12a See instructions for box 12		
			13 Stat	rutory Retirement Third-party sick pay	7 12b C G G G G G G G G G G G G G G G G G G	
			14 Other		12c	
					12d	
f Employee's address and ZIP code						
15 State Employer's state ID number	oloyer's state ID number 16 State wages, tips, etc. 17 State incc		ne tax	18 Local wages, tips, etc.	19 Local income tax 2	20 Locality name

Wage and Tax Statement

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Department of the Treasury-Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.